

Ports Petroleum Company, Inc.
Injury and Illness Incident Report

About the Employee

Name _____ Clock No. _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ SSN _____ Male or Female _____
Job Title _____ Department _____ Date of Hire _____

About the Incident

Was the incident an injury, illness or a near miss? _____ Date of Incident _____
Time of Incident _____ Time Employee Began Work _____ Date Incident Reported _____
Where did the incident occur? _____ OSHA Case #(for Safety Director) _____
Witness(es) _____
What activity was the employee doing when incident occurred? _____
What happened? _____

Type of Injury or Illness _____ Injured Body Part (Draw circle on next page) _____
What object or substance directly harmed the employee? _____
Was there prior claims/treatment to same body part(s)? _____ Date of Death (if applicable) _____
Root Cause(s) of Incident _____
Corrective Action _____

Physician or Health Care Professional Information

Physician/Health Care Professional Name _____ Facility Name _____
Address _____ City _____ State _____ Zip _____
Was employee treated in an emergency room? _____ Was employee hospitalized overnight as an in-patient? _____

Report Information

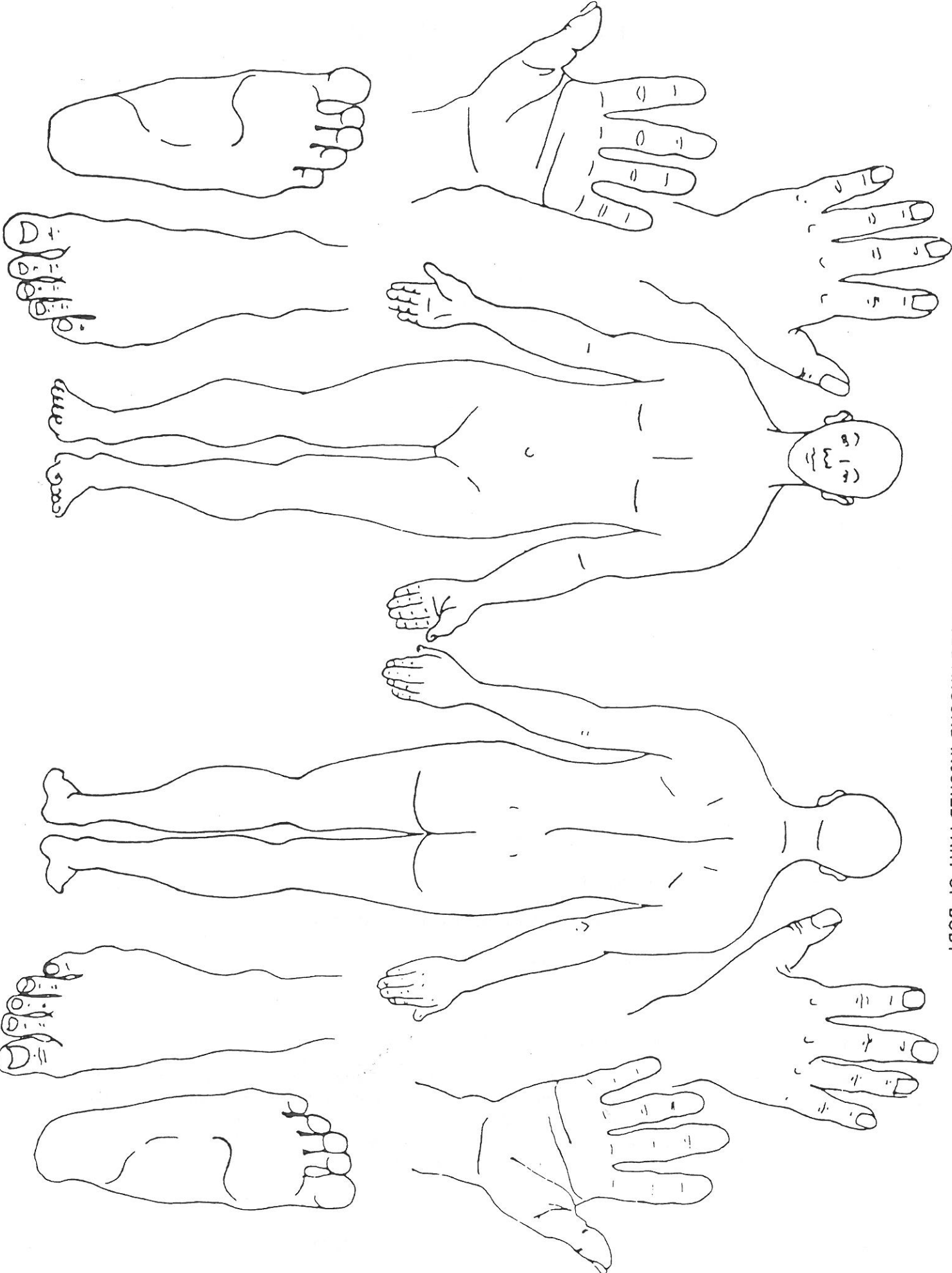
Completed By _____ Title _____ Date _____

As provided by Section 4123.651 (c) of the Ohio Revised Code, I hereby permit the release of medical information, records and reports, relative to the issues necessary for the administration of my Worker's Compensation claim to the Industrial Commission of Ohio, the Ohio Bureau of Worker's Compensation, and the employer as such medical information, records and reports may possibly pertain to a condition either allowed or alleged in my claim, or to consider payment or to determine the eligibility of payment of compensation and medical benefits under my Worker's Compensation claim. A copy shall be as good as the original.

Employee Signature _____ Date Form Completed _____

This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

EMPLOYEE SHOULD DRAW CIRCLE AROUND INJURED PART OF BODY



LEFT

FRONT

BACK

RIGHT